## Form - Request for Informal Conference

## INSTRUCTIONS

This form should be used to initiate all administrative reviews of the Division's cost report findings. (V.P.N.M.I.R. §11.2) If a timely *Request for Informal Conference* is not filed, the provider is not entitled to any further administrative or judicial review of the cost report findings for the period in question.

The provider must note each disputed adjustment, disallowance, or other alleged error and must provide a clear statement of the nature of the error with sufficient detail and particularity that the Division's staff and the PADs can be fully prepared to discuss the alleged errors with the provider.

The provider must include all alleged errors that it may wish to appeal further. **Providers will** not be entitled to raise on later reviews or appeals any adjustment or other error which is not listed on this form.

Effective: May 22, 1996 s/Ruth A. Rivers

Ruth A. Rivers

Director

## Agency of Human Services Division of Rate Setting

103 South Main Street Waterbury, Vermont 05671-2201

## **Request for Informal Conference**

IMPORTANT: This request must be filed (received) at the Division of Rate Setting within 15 days of the receipt by the provider of the draft cost report findings or the work papers (if requested).

| the provider of the draft cost report findings or the work papers (if requested).  |   |                   |  |
|--|---|-------------------|--|
| Cost Report of for the Year Ending   |   |                   | Pursuant to V.P.N.M.I.R. §11.2(a), I hereby request an informal conference with the staff of the Division of Rate Setting regarding the following draft cost report findings: (Be specific.) |
|  |   | lleged Error wit  | th Factual and Legal Basis for Provider's Position   |
|  |   |                   |  |
|  |   |                   |  |
|  |   |                   |  |
|  |   |                   |  |
| You may use  | e additional sheets, if necessary. A                                | re additional she | eets attached? G No. G Yes. If yes, how many?  |
| I am the representative of the above referenced provider for this matter, pursuant to a Notice of Representation, dated and filed with the Division. I understand that all correspondence on this matter will be sent to me. |   |                   | Name and Address of Representative:  |
| Signature: _   | Signature:  |                   |  |
| Date:  |   | 1                 |  |
|  |   |                   | Telephone No.:   |
|  | P.N.M.I.R. §11.2(b), the Division on the informal conference, which |                   | vill contact the provider's representative to arrange a mutually by telephone.   |
| For Division of Rate Setting use only.   |   | Representati      | ive contacted on by to arrange conference.   |
| Request filed on: (date stamp)   |   |                   | eduled for: Date Time  |
|  |   |                   | conference, who initiates the call?  • G Division  |
|  |   | cc: Provide       | r's Representative on .  |